# Why the fail, why the lacklustre drug-heavy mental health services?

By **Peter Brown** and **Owen Ó Tuama** 14/06/2024

It's been on my mind: what do these labels matter – whether I have 'unusual sensory experiences', am 'schizophrenic ', 'shitso' ,'voice-hearer' or 'on psychosis spectrum'.

Words are slippery at best, in how we choose we want to be identified, or foisted upon us by the State, etc.

Is it really that paramount? That I have an 'identity'? I am human, just another person of 8,000 million plus. Just 'another grain of sand in a giant world' (Neil Young).

'Discrete episodic psychosis': does that one fit better? Anyhow.

Whatever; get on with everyday life, as long as I feel OK and try to treat other people OK.

One thing I do have a good grasp of is nutrition. I know that, if I'm going to take a major tranquilliser twice a day, and have done so for 28 years (plus a minor tranquilliser – valium upon episodes) – then I'm going to need extra nutrition.

Research shows that psychiatric medication depletes certain key elements from the body. These are: 1. Magnesium 2. B vitamins 3. Vitamin D and 4. Something called coenzyme Q12.

Because I work, as well as receive welfare – you can receive c. €160 extra per week as well as c.€240 for Disability Allowance' in the Irish Republic – I can afford these and other supplements (ashwagandha, reishi & cbd oil), which allows me to stay at work.

I get mad sometimes when I see peers spending all their disability allowance on tobacco. Can recovery-oriented professionals not get a bit more boot camp? It's all about choice, they say.

Maybe peer specialists could make the difference?

I know that those trapped in the acute and residential mental health services will not have these necessary nutritional benefits – and I bemoan that.

If psychiatry is going to medicate people by default on these drugs, then don't they have a responsibility to inform those of us ingesting them that our bodies will be depleted of essential minerals and vitamins? And don't they have a responsibility to provide them, by default for those of us within their care?

I ask: where is the Hippocratic Oath? 'First do no harm!'

Where is the 'duty of care?'

Why are the drugs failing?

I guess every voice hearer's ambition is to get rid of voices and get an epiphany that shows you the real world instead of doubts that only contribute to paranoia.

Instead of leaving the voices alone and giving medicine that only dampens voices and beliefs, surely an improved self esteem and a feeling of worth is better? To believe you don't deserve the voices, something that will give you the drive to stand up to the voices.

To not be ashamed of voice hearing but to integrate into society.

No psychiatrist has ever asked who these voices are, either they don't care or are resigned to the fact that nothing will help. What about mindfulness? What about buddhist dharma, something to end the suffering? They don't care or do not know how!

Psychiatry needs a new foundation. It needs to take a proactive approach to what the person is hearing, what they are going through, what is worrying them. It needs to be discussed, do the voices threats have any credence? Voices need to be deconstructed.

Life is ever changing and it's no different for people with voices and unusual beliefs.  We need help!

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